Lesions in the Lateral Horns of the Spinal Cord in Acrodynia, Pellagra and Pernicious Anæmia. (*Bull. Neur. Inst. N.Y., vol. i, p.* 506, *Nov.*, 1931.) *Orton, S. T., and Bender, L.*

A case of acrodynia, one of pellagra and five cases of pernicious anæmia are given in outline, with detailed description of the microscopical findings in the spinal cord.

Pathological findings by other authors in similar cases are described and discussed, and the close resemblance clinically between acrodynia and pellagra is noted.

In all the cases reported severe lesions were found in the lateral horns of the lumbar and thoracic levels of the cord and analogous areas of other levels. These lesions are all of a chronic type, characterized by loss of nerve-cells and nerve-fibres and by fibrous glial replacement. Since the lateral horn region contains the cell bodies of the effector neurons, which serve to connect the central nervous system with the peripheral sympathetic network, lesions in this area are held to be in relation to the disturbances of vasomotor and splanchnic control which are common to these three diseases. J. L. FAULL.

The Frequency and Significance of Cerebellar Symptoms in Tumours of the Frontal Lobes. (*Bull. Neur. Inst. N.Y., vol. i, p.* 532, *Nov.*, 1931.) *Hare, C. C.*

The records of 50 patients with frontal lobe tumours verified by operation or autopsy were studied, and the significance of slight and of widespread disturbances of cerebellar function discussed. Forty-five patients had no cerebellar symptoms, and in only two of these were the lesions bilateral. Five patients had marked cerebellar disturbances, and all showed evidence of bilateral involvement of the cerebrum.

A review of the literature shows that there are two main theories to explain the occurrence of cerebellar symptoms in cases of frontal lobe tumours. One is that they are produced by distant pressure on the cerebellum, the other that they are due to involvement of the fronto-ponto-cerebellar pathways (Elsberg). The origin of each pathway is probably from cells in the frontal cortex, and the axons pass backwards fairly close to the mid-line to the pontine nuclei, from which secondary neurons pass to the opposite cerebellar hemisphere and some to the ipsilateral hemisphere. A consideration of all the factors involved leads the author to conclude that cerebellar symptoms in tumours of the frontal lobe are the result of involvement of both fronto-ponto-cerebellar pathways. The cerebellar disturbance may be bilateral, ipsilateral or contralateral to the tumour. The occurrence of these signs is of significance owing to their false localizing value.

J. L. FAULL.

Three Cases of Tumour in the Posterior Cranial Fossa with Mental Symptoms. (*Bull. Neur. Inst. N.Y., vol. ii, p.* 104, *March*, 1932.) *Southerland, R. W.*

The author gives details of three cases of tumour occurring in the posterior cranial fossa, in which changes of character and psychotic manifestations were marked. One was a female suffering from perineural fibroblastoma of the acoustic nerve. This patient's first symptom occurred at night, when she awoke with a visual hallucination " like lightning ". She showed signs suggestive of the lesion above mentioned, but the mental symptoms were very prominent. She was loquacious, facetious, and would dance round the ward weeping; memory was impaired and concentration poor. Ventriculography cleared up the diagnosis from that of a bilateral frontal lobe lesion involving the fronto-ponto-cerebellar tract. Another case was a male with a cystic glioma of the left cerebellar lobe. Here again, owing to the mixture of cerebellar signs with mental symptoms, such as extreme dullness and confusion, the diagnosis from a bilateral frontal lesion was difficult. This patient was operated on successfully, and later developed delusions and became hallucinated, with ultimate recovery. The third case was a

male, suffering from a medullo-blastoma in the right cerebellar hemisphere. Here the mental state was one of extreme drowsiness, so that the question of encephalitis was raised. The cerebellar signs were definite, however, and a ventriculogram cleared up the diagnosis. The author then proceeds to discuss the reason for the occurrence of mental symptoms in subtentorial tumours, and considers a rapid rise of intracranial pressure or secondary vascular changes, such as œdema, may be the explanation. He stresses the importance of careful history-taking and appreciation of the sequence of symptoms, tests of vestibular function and ventriculography in the differential diagnoses of these cases.

J. L. FAULL.

Contribution to the Study of Neurinomata: with Particular Regard to Their Association with Acromegaly and Their Malignancy [Contributo allo studio dei neurinomi con particolare reguardo all 'associazione con acromegalia ed alla loro trasformazione maligna]. (*Riv. di Pat. Nerv. e Ment., vol. xxxix, p.* 521, *May–June*, 1932.) *Fittipaldi, C.*

The author reviews the literature and then describes two cases of his own, one of which corresponded to the classical picture described by Verocay; the other was accompanied by acromegaly and was malignant clinically and histologically. The acromegaly was due to the presence of a blastoma round the hypophysis of the same type as the neurinoma in the right arm.

G. W. T. H. FLEMING.

Malignant Tumours of the Hypophysis Invading the Diencephalon. (*Journ. of Nerv. and Ment. Dis., vol. lxxvii, p.* 561, *June*, 1933.) *Fink, E. B.*

The author reports four cases of malignant tumours of the hypophysis. In each case there was invasion of the third ventricle. He would divide these tumours into adeno-carcinomata, composed of epithelial elements of the anterior lobe, and cranio-pharyngeal epitheliomata, composed of embryonal elements derived from Rathke's pouch. The latter type is the more common, and probably all solid tumours of this type are potentially malignant because of their tendency to invade the diencephalon.

Clinical criteria, by which malignancy may be diagnosed, are early and rapidly progressing damage to vision, together with evidence of involvement of the diencephalon. Signs of increased intracranial pressure are late in appearing.

G. W. T. H. FLEMING.

Tuberose Sclerosis with Cirrhosis of the Liver [Sclerosi tuberosa cerebro-spinale con cirrosi epatica]. (*Riv. Sper. di Freniat., vol. lvi, p.* 699, *Dec.*, 1932.) *Tedeschi, C.*

The writer describes a case of tuberose sclerosis in a child of six, in which there was also atrophy of the thymus, of the thyroid and of the suprarenal medulla, together with cirrhosis of the liver. He was able to exclude the usual causes of hepatic cirrhosis, and thinks that the condition is probably allied to Wilson's disease and the pseudo-sclerosis of Westphal. G. W. T. H. FLEMING.

Modern Conception of Convulsive States [Concezione moderna della stato convulsivo]. (*Riv. di Pat. Nerv. e Ment., vol. xl, p.* 362, *Sept.–Oct.*, 1932.) *Osnato, M.*

The writer points out that many factors are involved; one of these factors is some unknown substance which makes the brain-tissue irritable. Injury at birth or shortly after, and infections in childhood, may establish epileptogenous areas. The convulsive seizure is brought about by alteration of the permeability of the cerebral blood-vessels.

If the initial factor is not an infectious or traumatic one, then metabolic disturbances, amongst which is an excessive production of lactic acid, may give